



**TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD
TLDSB STUDENT APPLICATION
Night School Co-op 2024-25**

Your application is NOT complete until this **signed** form and **signed** Work Education Agreement are received at Lindsay AAEC.

EMAIL: anewstart@tldsbc.on.ca

You will receive an email with your application status and intake date after the documents have been reviewed.

Legal Last Name, First Name, Middle Name			Home Phone
Preferred Last Name, First Name (same as above <input type="checkbox"/>)			Cell Phone
Preferred Pronouns		Preferred Email Address	
Date of Birth Month Day Year	Student Number		OEN
Current / Home School (check one) <input type="checkbox"/> AAEC <input type="checkbox"/> BMLSS <input type="checkbox"/> FFSS <input type="checkbox"/> GHS <input type="checkbox"/> HHS <input type="checkbox"/> HHSS <input type="checkbox"/> IEW <input type="checkbox"/> LCVI <input type="checkbox"/> VLC			Current Grade
Does the student have an Individual Education Plan (IEP) that requires review for this placement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent / Guardian / Emergency Contacts			
Last Name, First Name			Relationship
Email Address			Cell Phone
Medical			
Does the student have allergies and/or health conditions that are life-threatening <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details. Include food allergies:			
Permissions/Consents			
The permissions / consents that were provided to the TLDSB home school will also apply during Night School Co-op. This includes Computer and Internet Acceptable Use as well as permissions for student photograph/name/work to be displayed in school buildings, in Board publications and websites, and in print and/or electronic media. It is your responsibility to advise the school immediately if you would like to change any permissions / consents.			

**Co-op worksites must be within the overall TLDSB boundaries.
Employers must be providing WSIB.
Supervisors may not be an immediate family member.
Signed Work Education Agreement must accompany this application form**

Name of Business:

Name of Supervisor:

Supervisor's Contact
Phone Number:

Address of Worksite:

Position:

(include a description of
duties/responsibilities)

For School Guidance Department Staff to Complete

Credit Count (please check one): Single Credit (110 hours) Double Credit (220 hours)

Credit Tie-In: Co-op credits are to be tied to a successfully earned credit.

SHSM: Is the student working towards SHSM certification? Yes No Maybe / Undecided

If yes, please identify the sector: _____

Acknowledgement (School, Student and Parent)

School Acknowledgement / Approval: There has been consultation and counseling with regards to the aforementioned student participating in Night School Co-op.

Counselor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Student Acknowledgement: I understand that there are requirements for earning my Night School Co-op Credit: pre-placement assignments (approximately 10 hours), successful completion of 100 hours of work placement per credit, ongoing course assignments and a culminating assignment.

Student's Signature: _____ Date: _____

Parent/Guardian Acknowledgement:

- I/we certify the information submitted on this application is correct.
- I/we understand that it is our responsibility to advise the school immediately of any changes in information stated on this form.
- I/we understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization of my child if deemed necessary.
- I/we acknowledge that the school accepts no liability for thefts which may occur on the school or workplace premises.

PLEASE NOTE: If your child is 16 or 17 years of age at the time of this collection, you must have the necessary consent of the child to permit the collection under the Municipal Freedom of Information and Protection of Privacy Act.

Parent / Guardian Signature: _____ Date: _____

Privacy of Confidential Information

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the school principal.